ŀ	Effective October 1, 2001							10179452					
		CLAIMS AS FILED - PART I (Column 1) (Column					SMALL ENTITY TYPE				OTHER THAN SMALL ENTITY		
	TOTAL CLAIM	1 S						RATE	FEI				
1	FOR		NUMBI	NUMBER FILED		NUMBER EXTRA		BASIC F			RATE BASIC FE		
	TOTAL CHARGEABLE CLAIMS			(minus 20=		* 72		X\$ 9=	-	~	` 		
INDEPENDENT CLAIMS			/	/ minus 3 = 1						_ OF		576	
	MULTIPLE DEP		L				X42=		OF	X84=	1		
	If the difference	s less than	ess than zero, enter "0" in column 2			' [+140=		OF	+280=			
	A 1.4344							TOTAL	- Ļ	OR	TOTAL	17/6	
	Y-3765 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR		R THAN ENTITY	
AMENDMENT	MENI A	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI TIONA FEE		RATE	ADDI- TIONAL FEE	
	Total Independent	* 57 -	Minus	** 57	· .	= -		X\$ 9=		ÓR	X\$18=		
	FIRST PRES	ENTATION OF M	Minus ULTIPLE DI	EPENDENT	CLAIM			X42=		OR	X84=		
	(-				+140=		OR	+280=		
							AD	TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE		
Г	TO A STATE OF THE	(Column 1) CLAIMS	West State of the	(Colum		(Column 3)				_ , .			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBI PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATÉ	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	<u> </u>	Minus	***		=		X42=		1 1	X84=		
L.,	THIRST PRESE	NTATION OF ML	ILTIPLE DE	PENDENT C	LAIM		-			OR	A04=		
	•						L	140=		OR	+280=		
· .		•	÷				ADI	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE		
		(Column 1) CLAIMS		(Column		(Column 3)							
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
END	Total		Minus	**		=	X	(\$ 9=		OR .	X\$18≐		
Z V	Independent	·	Minus	***	•	=	X	(42=		┟	X84=		
,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR -	704-		
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									L	+280= TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
	PTO-875 (Rev. 8/0)						.3110 11	, are appi		COIUM	III 1. -		

Application or Docket Number